

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90090 049 \*\*\*\*61.25

<b>DOCUMENT # N26188</b> 1. Entity Name <b>SANDPOINTE PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>125 SANDPOINTE CT</b> <b>VERO BEACH, FL 32963 US</b>			Mailing Address <b>P.O. BOX 3152</b> <b>VERO BEACH, FL 32964 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>CARLIN, BARBARA</b> <b>125 SANDPOINTE CT</b> <b>VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u><i>Barbara Carlin - President</i></u> <span style="float: right;">03-04-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CARLIN, BARBARA</b> <b>125 SAND POINTE CT</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/SECRETARY</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JEFFREY LEA</b> <b>1830 EAST SANDPOINTE LN</b> <b>VERO BEACH, FL 32963</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>HAEGER, SANDRA</b> <b>1841 E SAND POINTE LANE</b> <b>VERO BEACH, FL 32963</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gaye M. Ludwig</b> <b>1817 E. Sandpointe Place</b> <b>VERO BEACH, FL 32963</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>HOLUB, RONALD</b> <b>1604 W SAND POINTE PLACE</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TAYLOR, JOHN</b> <b>111 SAND POINTE DRIVE</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER, DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOHN G. TAYLOR</b> <b>111 SANDPOINTE DRIVE</b> <b>VERO BEACH, FL 32963</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DALEY, RICHARD</b> <b>1836 E SANDPOINTE LANE</b> <b>VERO BEACH, FL 32963</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Barbara Carlin</i></u> <span style="float: right;"><b>BARBARA CARLIN</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>03-04-06</u> Daytime Phone # <u>772-231-8729</u>					

40051000



02272006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0259568**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FL**

03-04-06

**BARBARA CARLIN**

Date 03-04-06 Daytime Phone # 772-231-8729

231-8729